WILL BE INCORPORATED INTO GO 2700 – ADDITIONAL REVISIONS TO THAT CHAPTER ALSO UNDERWAY

HANDLING AGITATED, DISTRESSED, AND DANGEROUSLY INTOXICATED OR HIGH SUBJECTS

I. PURPOSE

Officers periodically come into contact with individuals who are dangerously intoxicated or high and/or agitated or distressed due to substance use and/or mental illness. Some of these individuals are at risk for sudden death and require emergency medical treatment. The purpose of this general order is to help officers:

A. Identify subjects who may be in a state of excited delirium and at risk for sudden death;
B. Identify subjects who may be at risk for death due to overdose, including alcohol poisoning;
C. Identify subjects who may be mentally ill and require mental health resources;
D. Minimize risks to officers, the public, and the subject, using de-escalation tactics whenever possible and continually re-assessing for opportunities to do so, including after a use of force; and
E. Facilitate medical care for the individual as soon as practicable, and on an emergent basis if excited delirium or overdose is suspected.

II. POLICY

The Tucson Police Department (TPD) places the highest value on the sanctity of life. It is TPD policy to protect human life first and foremost, including the lives of those we detain, arrest, and have in custody. This is entirely consistent with TPD's commitment to protect the safety of officers and the public, and to use lethal force only in exigent circumstances for self-defense, or for the defense of others.

III. DEFINITIONS

A. Positional Asphyxia: Occurs when the position of the body interferes with normal breathing, creating a lack of oxygen in the body which may result in unconsciousness or suffocation (asphyxiation) and death. It may occur in individuals who are face down, hands bound behind the back, whether or not their feet are also restrained.[1] For this reason, officers shall place arrestees in the recovery position (sitting up or lying on their side) as soon as practicable. Factors that may contribute to positional asphyxia include:
    1. Pre-existing medical conditions
    2. Substance use
    3. Obesity[2]
B. Excited Delirium: A medical condition characterized by a set of signs and symptoms, often involving stimulant drug use, abrupt cessation of psychotherapeutic medications, psychosis, or mania, potentially resulting in sudden death.[3]

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[1] Karch, Steven B. The problem of police-related cardiac arrest. Journal of Forensic and Legal Medicine. 2016 Apr
[2] National Law Enforcement Technology Center. Positional Asphyxia—Sudden Death. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. 1995 Jun
[3] American College of Emergency Physicians, ACEP Excited Delirium Task Force. White Paper Report on Excited Delirium Syndrome. 2009 Sep

Excited delirium is a life-threatening medical emergency. Attempting to control these individuals can be difficult because they are combative, insensitive to pain, often possess unusual strength, and resist attempts at restraint.[4] De-escalation may not be successful in gaining compliance, as the person is unable to make appropriate cognitive decisions.[5]

1. Factors that contribute to excited delirium include:
    a. Cocaine, methamphetamine, PCP, or other illicit drug use
    b. Mental illness and treatment medications[6]

2. People in a state of excited delirium may exhibit the following signs.

    a. Naked or partially clothed, sweating, hot to touch.

    b. Violent toward people and inanimate objects, particularly glass.

    c. Impervious to pain.

    d. Do not tire.

    e. "Superhuman" strength.

    f. Making animal-like noises[7][8]

    g. The mnemonic "NOT A CRIME," created by emergency room physician Dr. Michael Curtis, may help:

        N: naked and sweating
        O: violence against objects, especially glass
        T: tough and unstoppable
        A: onset is acute; "just snapped"
        C: confused
        R: resistant, won't follow commands
        I: incoherent, often shouting
        M: mental health conditions
        E: request EMS transport to hospital[9]

3. ***Subjects who have been combative and/or agitated and become placid or go limp may be going into cardiac or respiratory arrest.***

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[4] American College of Emergency Physicians, ACEP Excited Delirium Task Force. White Paper Report on Excited Delirium Syndrome. 2009 Sep
[5] Hall, CA. Excited Delirium. Vancouver Island Health Authority, Victoria, BC, Canada; University of British Columbia, Vancouver, BC, Canada; and University of Calgary, Calgary, AB, Canada
[6] American College of Emergency Physicians, ACEP Excited Delirium Task Force. White Paper Report on Excited Delirium Syndrome. 2009 Sep
[7] Hall, CA. Excited Delirium. Vancouver Island Health Authority, Victoria, BC, Canada; University of British Columbia, Vancouver, BC, Canada; and University of Calgary, Calgary, AB, Canada
[8] American College of Emergency Physicians, ACEP Excited Delirium Task Force. White Paper Report on Excited Delirium Syndrome. 2009 Sep
[9] Wesley, Keith. Excited Delirium Strikes Without Warning. Journal of Emergency Medical Services. Issue 2, Volume 36

C. **<u>Drug overdose is a life-threatening emergency.</u>** If opioids are suspected, or if you come upon someone who is unconscious, administer up to two doses of naloxone and put the person on their side to prevent choking. Try to keep the person awake. Request EMS transport to hospital.
    1. People who are overdosing on opioids may exhibit the following signs.
        a. Small, "pinpoint pupils"
        b. Falling asleep or loss of consciousness
        c. Slow, shallow breathing
        d. Choking or gurgling sounds
        e. Limp body
        f. Pale, blue, or cold skin[10]

D. **<u>Alcohol poisoning is a life-threatening emergency.</u>** Death may come from a variety of factors, including cardiac arrest or choking on vomit. If alcohol poisoning is suspected, put the person on their side to prevent choking. Try to keep the person awake. Request EMS transport to hospital.
    1. People with alcohol poisoning may exhibit the following signs.
        a. Mental confusion, stupor
        b. Difficulty remaining conscious, or inability to wake up
        c. Vomiting
        d. Seizures
        e. Slow breathing (fewer than 8 breaths per minute)
        f. Irregular breathing (10 seconds or more between breaths)
        g. Slow heart rate
        h. Clammy skin
        i. Dulled responses, such as no gag reflex (which prevents choking)
        j. Extremely low body temperature, bluish skin color, or paleness[11]

E. Mobile Crisis Team: A team of mental health professionals who can assist TPD officers in their interactions with people with mental illness.

F. Crisis Intervention Team (CIT) officers: TPD officers who have received a minimum of 40 hours of specialized training to de-escalate situations involving individuals experiencing a mental health crisis and, in partnership with community providers, divert these individuals into treatment services.

G. Mental Health Support Team (MHST): A Tucson Police Department team consisting of sergeants, detectives, and officers that has two primary responsibilities: service of mental health court orders and proactive intervention with individuals identified as high risk for mental health crisis, including the potential to be a danger to self or others. MHST personnel provide improved public safety by acting as an entry point into mental health and substance use treatment, decreasing the number of mentally ill and addicted individuals in jails and prisons.

IV. PROCEDURE

[10] Centers for Disease Control. Preventing an Opioid Overdose Tip Card.
[11] National Institute on Alcohol Abuse and Alcoholism. Understanding the Dangers of Alcohol Overdose. 2020 Mar.

Once excited delirium or overdose is suspected, the incident shall be managed as a medical emergency, in addition to whatever law enforcement response may be required, including the use of reasonable force.

A. Role of Officer

1. If an officer suspects an individual is in a state of excited delirium, the officer shall, as soon as practicable, request EMS personnel respond and transport the subject to a medical facility. The same is true for suspected overdose. The request shall include the following terminology:

    - Suspect "excited delirium" or suspect "overdose" as cause for medical response

2. The officer will designate a nearby safe location for EMS personnel to stage until the scene is secure. The officer will notify their supervisor. Supervisors will respond to the scene of all instances of suspected excited delirium or positional asphyxia.

3. When an arrestee is restrained in a prone position, the officer shall attempt to place the arrestee in the recovery position (sitting up or lying on their side) as soon as practicable.

4. Until EMS personnel arrive to transport the individual to a medical facility, officers should maintain eye contact with the subject, ask him/her questions to ascertain awareness, and physically check the subject's breathing.

5. Once EMS personnel arrive, officers will provide a detailed description of the force applied and the level/intensity of resistance by the subject.

6. If the subject is armed, combative, or otherwise poses an immediate threat to the physical safety of officers, others, or self, officers shall employ reasonable and necessary force to protect themselves and others at the scene and take the person into custody.

7. If the subject in crisis appears to be unarmed and does not pose an immediate threat to the physical safety of officers, others, or self, or pose an immediate risk of escape, the initial arriving officer will wait until backup arrives before any attempt is made to approach the person. Officers will, if practical, contain the subject while maintaining a safe distance. The objective is to gain the person's voluntary cooperation, if it is possible to do so.

    a. Attempt to "talk the person down." Ideally, only one officer should engage the subject in conversation. The officer should project calmness and confidence and speak in a conversational and non-confrontational manner. Try to determine whether the person can answer simple questions to get an idea of his/her mental state. Officers should turn down their radios.

    b. Remember that the person's mind may be racing, or he/she may be delusional, so statements and questions may need to be repeated several times. Be patient.

    c. An officer may enlist the assistance of a mental health professional, provided they can safely participate in attempting to gain the individual's cooperation.

B. When answering calls for service, or conducting interviews and interrogations, officers may encounter situations where they interact with persons suspected of suffering from mental illness.

1. Officers will use their training and the following guidelines to assist in recognizing and evaluating persons suffering from mental illness.

    a. Behavioral clues include:

        1) Unusual physical appearance (inappropriate clothing)

        2) Unusual body movements (sluggish, pacing)

        3) Hearing voices

        4) Confusion about or unawareness of surroundings

        5) Lack of emotional response

        6) Causing injury to self (cutting, cigarette burns)

        7) Extreme or inappropriate expressions of sadness or grief

        8) Inappropriate emotional reactions

    b. Environmental Clues

        1) Strange decorations (aluminum foil, pentagrams)

        2) Hoarding of garbage, newspapers, string

        3) Hoarding of animals

        4) Presence of feces or urine on floors or walls

2. When dealing with persons suspected of being mentally ill during contacts on the street, or in interviews and interrogations, officers will use the following guidelines;

    a. Remain calm and avoid overreacting.

    b. Be helpful and professional.

    c. Speak simply and slowly.

    d. Indicate a willingness to understand.

    e. Gather additional information on the person.

    f. Understand that a rational discussion may not take place.

    g. Recognize that the person may be overwhelmed by external and internal stimuli.

    h. Be friendly, patient, and accepting, but firm and professional.

i. Recognize that a person's delusions or hallucinations are very real for him/her.

3. After recognizing they may be dealing with a person suffering from mental illness, officers will use the following procedures when seeking assistance or accessing community mental health resources for the person:

   a. Evaluate prior contact with police

      1) Type of problem

      2) Prior violence

      3) Method of resolution

   b. Gather information regarding the person's living situation, from

      1) Family members

      2) Neighbors

      3) Complainant(s)

   c. Contact an on-duty CIT officer(s) and request that they respond to the scene. If necessary, request that the Mobile Crisis Team (MCT) respond to the scene. The CIT officer(s) and/or the MCT will function as the gateway to community mental health resources.

      The MCT will:

      1) Assist in stabilizing the situation

      2) Complete a mental health assessment, if necessary

      3) Make referrals/linkages to community mental health resources or other services, as needed

      4) Conduct follow-up assessments

4. Training

   a. Basic training

      All sworn and professional personnel who may be expected to come into contact or communicate with persons suffering from mental illness are required to obtain documented mental health first aid training.

   b. Advanced training

      All agency personnel who may be expected to come into contact or communicate with persons suffering from mental illness are required to obtain documented refresher training at least once a year. Additional training may be conducted at the discretion of the Department. Officers

are encouraged to attend the 40-hour Crisis Intervention Team training, which goes into much more detail and brings attendees face-to-face with people with mental health issues, substance use disorders, and intellectual and developmental disabilities. Officers are trained to de-escalate crisis situations and divert these individuals into treatment services.